

AMENDED IN SENATE APRIL 28, 2005

AMENDED IN SENATE APRIL 20, 2005

AMENDED IN SENATE APRIL 7, 2005

SENATE BILL

No. 739

Introduced by Senator Speier

February 22, 2005

An act to add Sections 1279.1, 128752, and 128753 to, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 739, as amended, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require a general acute care hospital to have a written infection control program for the surveillance, prevention, and control of infections. The bill would require the department to evaluate the program and would authorize the department to require the hospital to submit a plan of correction. Because the bill would add to the requirements of a health facility, and a violation of those requirements would be a crime, the bill would impose a state-mandated local program.

This bill would require a general acute care hospital to collect and maintain data on selected hospital-acquired infections. The bill would require the establishment of a multidisciplinary advisory panel by the office to monitor the statewide planning and oversight of hospital

collection and risk-adjustment of hospital-acquired infection data. By increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.

This bill would require the office, by January 1, 2007, to establish data collection and reporting methods and timelines, as well as other related operating procedures, based upon the recommendations of the advisory panel. *The bill would require the office to transmit to the department, in an electronic format, the hospital-acquired infection data submitted by hospitals pursuant to those methods, timelines, and procedures.* The bill would declare legislative intent that certain data be made available to the public regarding hospital-acquired infections, and would limit the scope of the data to be collected prior to January 1, 2008. *The bill would prohibit hospital-acquired infection data made available to the public from containing personally identifiable information and would require that data supplied to state agencies be used only for the purpose of tracking rates of specific hospital-acquired infections.* The bill would require the data collection to be subject to the oversight of the multidisciplinary advisory panel.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1279.1 is added to the Health and
- 2 Safety Code, to read:
- 3 1279.1. (a) A general acute care hospital shall adopt and
- 4 implement a written infection control program for the
- 5 surveillance, prevention, and control of infections.

(b) Each hospital shall implement all applicable Category IA recommendations from current Centers for Disease Control and Prevention guidelines no later than one year following their publication. The hospital shall maintain for inspection by the department a record of evidence-based steps adopted to reduce hospital-acquired infections and annual summary data on the infections rates.

(c) In conducting inspections pursuant to Section 1279, the department shall evaluate the hospital's infection control program. If, during the inspection, the department determines that the health or safety of patients is at risk due to a deficient infection control program, the department may require that the hospital submit a plan of correction. A hospital may voluntarily provide the department with information regarding its efforts to minimize hospital-acquired infections, and the department shall consider that information in determining whether to take further action.

(d) The infection control program shall be updated annually, or more often, as needed.

(e) A hospital subject to this section shall maintain for inspection by the department a record of its activities and programs to reduce hospital-acquired infections, as defined in subdivision (a) of Section 128752.

SEC. 2. Section 128752 is added to the Health and Safety Code, to read:

128752. (a) As used in this chapter, "hospital-acquired infection" means an infection meeting the current statistical epidemiologic definition of a nosocomial infection, as standardized by the National Healthcare Safety Network of the Centers for Disease Control and Prevention (CDC), and acquired by a patient during hospital care, which was not detected as present or incubating at admission.

(b) (1) It is the intent of the Legislature that data be made public regarding hospital-acquired infections in order to improve the quality of care in hospitals. It is further the intent of the Legislature that the data collected prior to January 1, 2008, be limited to the following:

(A) Surgical site infections following surgical procedures involving a high risk for mortality or serious morbidity, or procedures involving a high volume of patients, such as coronary

1 artery bypass graft surgery, total hip replacement, laminectomies,
2 or laparoscopic appendectomies. The office, in consultation with
3 the advisory panel established pursuant to Section 128753, shall
4 determine two of these surgical procedures for which
5 hospital-acquired risk-adjusted infection data shall be reported.

6 (B) Central-line associated blood stream infections in
7 intensive care units.

8 (2) Commencing January 1, 2008, the office, in consultation
9 with the advisory panel established pursuant to Section 128753,
10 shall consider the addition of ventilator-associated pneumonia as
11 well as any other types of infections or hospital units as the office
12 may determine pursuant to this section.

13 *(3) Hospital-acquired infection data made available to the*
14 *public shall not contain personally identifiable information.*
15 *Hospital-acquired infection data supplied to state agencies shall*
16 *only be for the purpose of tracking rates of specific*
17 *hospital-acquired infections.*

18 (c) Collection of data required by this section shall be subject
19 to oversight by the advisory panel established pursuant to Section
20 128753.

21 (d) The office shall adopt regulations to implement this
22 section.

23 (e) This section shall become inoperative five years after
24 commencing the collection and reporting of data by hospitals
25 under subdivision (f) of Section 128753.

26 SEC. 3. Section 128753 is added to the Health and Safety
27 Code, to read:

28 128753. (a) A general acute care hospital shall collect and
29 maintain data on selected hospital acquired infections. The
30 hospital shall analyze and use that data to improve quality of
31 care. The data shall be subject to inspection by the office.

32 (b) The data shall be risk adjusted using methods and
33 definitions standardized by the National Healthcare Safety
34 Network of the federal Centers for Disease Control and
35 Prevention (CDC).

36 (c) Each hospital shall document comparison of its rates with
37 the rates published by the office at the next regularly scheduled
38 meeting of its infection control committee, within 180 days of the
39 publication and release of the report by the department.

(d) (1) A multidisciplinary advisory panel shall be established by the office to monitor the statewide planning and oversight of hospital collection and risk adjustment of hospital acquired infection data.

(2) The panel shall include persons with expertise in the surveillance, prevention, and control of health care associated infections, including the department, the office, and local health department officials, health care infection control professionals, health care providers, and consumers.

(e) The following process measures shall be initially reported by hospitals to the office:

(1) Surgical antimicrobial prophylaxis for selected surgical procedures.

(2) Influenza vaccination coverage rates for health care personnel in all hospitals.

(f) On or before January 1, 2007, the office shall establish all of the following, based upon the recommendations of the advisory panel:

(1) The method for collecting data by a hospital.

(2) The method for reporting data to the office.

(3) The timeline for individual hospitals to collect and publicly report data.

(4) The method for validating data reported by a hospital to the office.

(5) The method for risk adjustment of infection rates.

(6) The nature and timing of reports by the office to hospitals and to the public.

(7) The resources and infrastructure needed for a reporting system, including a proposal to increase the minimum ratio of infection control professionals required by Title 22 of the California Code of Regulations to 1/100 beds.

(g) The office shall transmit to the State Department of Health Services, in an electronic format, the hospital-acquired infection data submitted by hospitals pursuant to subdivisions (e) and (f).

~~(g)~~

(h) This section shall become inoperative five years after commencing the collection and reporting of data by hospitals under subdivision (f).

1 *SEC. 4. The Legislature intends that the office and the*
2 *department use their existing fee authority to pay for any costs*
3 *associated with the data collection required by this act.*

4 ~~SEC. 4.~~

5 *SEC. 5.* No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution for
7 certain costs that may be incurred by a local agency or school
8 district because, in that regard, this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the
10 penalty for a crime or infraction, within the meaning of Section
11 17556 of the Government Code, or changes the definition of a
12 crime within the meaning of Section 6 of Article XIII B of the
13 California Constitution.

14 However, if the Commission on State Mandates determines
15 that this act contains other costs mandated by the state,
16 reimbursement to local agencies and school districts for those
17 costs shall be made pursuant to Part 7 (commencing with Section
18 17500) of Division 4 of Title 2 of the Government Code.